

<i>SERFF Tracking Number:</i>	<i>UHLC-126441574</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United HealthCare Insurance Company</i>	<i>State Tracking Number:</i>	<i>44483</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H09G Group Health - Organ & Tissue Transplant - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H09G.000 Health - Organ & Tissue Transplant - Limited Benefit</i>
<i>Product Name:</i>	<i>Transplant Product</i>		
<i>Project Name/Number:</i>	<i>HSA Amendment/</i>		

Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: Transplant Product	SERFF Tr Num: UHLC-126441574	State: Arkansas
TOI: H09G Group Health - Organ & Tissue Transplant - Limited Benefit	SERFF Status: Closed-Approved- Closed	State Tr Num: 44483
Sub-TOI: H09G.000 Health - Organ & Tissue Transplant - Limited Benefit	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Author: Anne Kelly Berg	Reviewer(s): Rosalind Minor
	Date Submitted: 01/06/2010	Disposition Date: 01/06/2010
		Disposition Status: Approved-Closed
		Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: HSA Amendment	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 01/06/2010	Explanation for Other Group Market Type:
	State Status Changed: 01/06/2010
Deemer Date:	Created By: Anne Kelly Berg
Submitted By: Anne Kelly Berg	Corresponding Filing Tracking Number:
Filing Description:	
On behalf of UnitedHealthcare Insurance Company, I am submitting the enclosed group health amendment form for your Department's review and approval.	

Form number: UCC-POL-Amend HSA-AR
Form Description: Group Amendment Form
Flesch score: 51.5

<i>SERFF Tracking Number:</i>	<i>UHLC-126441574</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United HealthCare Insurance Company</i>	<i>State Tracking Number:</i>	<i>44483</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H09G Group Health - Organ & Tissue Transplant - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H09G.000 Health - Organ & Tissue Transplant - Limited Benefit</i>
<i>Product Name:</i>	<i>Transplant Product</i>		
<i>Project Name/Number:</i>	<i>HSA Amendment/</i>		

This amendment form is being filed for large employer groups. Once approved, the amendment form will be used in conjunction with our previously approved limited benefit transplant policy/certificate series UCC-POL-AR (02/04) et al., approved by your department on July 6, 2004.

The intent of this amendment filing is to accommodate employer groups who have purchased the carve-out Transplant Product and who also offer a High Deductible Health Plan (HDHP) to their employees. The amendment is intended to accommodate those employees who have selected the employer group's HDHP and therefore need to remain eligible for the tax benefits afforded by the HSA associated with the HDHP while also accessing benefits under the transplant policy.

These materials represent final printed format with the exception of variable text, which is enclosed in [brackets]. We would like to reserve the right to build the amendatory language into the Policy/Certificate or leave it in the amendment format, whichever we deem most appropriate for the group.

I certify that rates are not impacted by this filing.

Company and Contact

Filing Contact Information

Anne Kelly Berg, Senior Contract Specialist	anne_e_kelly_berg@uhc.com
5901 Lincoln Dr	952-992-4793 [Phone]
Edina, MN 55436	

Filing Company Information

United HealthCare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
450 Columbus Boulevard	Group Code: 707	Company Type: Life and Health
PO Box 150450	Group Name:	State ID Number:
Hartford, CT 06115-0450	FEIN Number: 36-2739571	
(860) 702-5000 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	\$20 per amendment form

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$20.00	01/06/2010	33285703

SERFF Tracking Number:	UHLC-126441574	State:	Arkansas
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TOI:	H09G Group Health - Organ & Tissue Transplant - Limited Benefit	Sub-TOI:	H09G.000 Health - Organ & Tissue Transplant - Limited Benefit
Product Name:	Transplant Product		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/06/2010	01/06/2010

<i>SERFF Tracking Number:</i>	<i>UHLC-126441574</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Transplant Product</i>		
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Disposition

Disposition Date: 01/06/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UHLC-126441574</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	HSA Amendment	Approved-Closed	Yes

SERFF Tracking Number:	UHLC-126441574	State:	Arkansas
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Form Schedule

Lead Form Number: UCC-POL-Amend HSA-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/06/2010	UCC-POL-Amend HSA-AR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	HSA Amendment	Initial		51.500	AR HSA Deductible Amendment.p df

UnitedHealthcare Insurance Company

450 Columbus Boulevard

Hartford, Connecticut

(Home Office)

Policyholder: [XXXX]

Policy Number: [XXXXXX]

This Amendment/Rider, effective [xxxx xx, 20xx], amends the Policy/Certificate of Coverage as follows:

The following paragraph and Deductible Table are added to Section 1: Schedule of Benefits:

DEDUCTIBLE AMOUNT (*applicable to High Deductible Health Plans only*):

Although this Policy does not impose a Deductible Amount, if a Subscriber selects a High Deductible Health Plan sponsored by the Policyholder, the Deductible Amount set forth in such Policyholder's High Deductible Health Plan must be satisfied by the Covered Person before benefits are payable under this Policy. This requirement is necessary in order for the Covered Person to remain eligible for the tax benefits afforded by the health savings account (HSA) associated with the Policyholder's High Deductible Health Plan (HDHP).

Deductible Amount	Network	Non-Network
DEDUCTIBLE AMOUNT (<i>applicable to High Deductible Health Plan participants only</i>)	All Covered Persons subject to a HDHP Deductible Amount must first meet the Deductible Amount before Covered Transplant Services are eligible for reimbursement under this Policy.	All Covered Persons subject to a HDHP Deductible Amount must first meet the Deductible Amount before Covered Transplant Services are eligible for reimbursement under this Policy.

All other provisions of the Policy/Certificate of Coverage remain unchanged.



[Thomas J. McGuire
Deputy General Counsel]

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/06/2010
Comments:			
Attachment:			
ARFlesch.pdf			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	01/06/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	Cover Letter	Approved-Closed	01/06/2010
Comments:			
Attachment:			
AR filing letter 0110.pdf			

**United HealthCare Insurance Company
Hartford, Connecticut
NAIC #79413**

CERTIFICATION OF COMPLIANCE

This is to certify that the accompanying forms comply with your state's readability requirements:

A. Option Selected

The forms are scored separately for the Flesch reading ease test. Flesch Score is indicated below.

<u>Form</u>	<u>Flesch Score</u>
UCC-POL-Amend HSA-AR	51.5

B. Test Option Selected

Test was applied to each entire policy form.

C. Standards for Certification

A checked block indicates the standard has been achieved.

- | | |
|----------|--|
| <u>X</u> | 1. The form text achieves a minimum score of 40 on the Flesch reading ease test in accordance with the option chosen in Section A above. |
| <u>X</u> | 2. It is printed in not less than ten point type, one point leaded. |
| <u>X</u> | 3. The layout and spacing of the policy forms separate the paragraphs from each other and from the border of the paper. |
| <u>X</u> | 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text. |
| <u>X</u> | 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the forms. |



Juanita B. Luis, Assistant Secretary

Date: January 7, 2010



January 6, 2010

Rosalind Minor
Certified Rate & Form Analyst
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: **UnitedHealthcare Insurance Company**
NAIC No. 79413
FEIN Number: 36-2739571
Form Number: UCC-POL-Amend HSA –AR
Product Matrix Coding: H09G.000

Dear Ms. Minor:

On behalf of UnitedHealthcare Insurance Company, I am submitting the enclosed group health amendment form for your Department's review and approval.

Form number	Form Description	Flesch score
UCC-POL-Amend HSA-AR	Group Amendment Form	51.5

This amendment form is being filed for large employer groups. Once approved, the amendment form will be used in conjunction with our previously approved limited benefit transplant policy/certificate series UCC-POL-AR (02/04) et al., approved by your department on July 6, 2004.

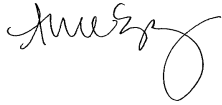
The intent of this amendment filing is to accommodate employer groups who have purchased the carve-out Transplant Product (UCC-POL-AR (02/04)) and who also offer a High Deductible Health Plan (HDHP) to their employees. The amendment is intended to accommodate those employees who have selected the employer group's HDHP and therefore need to remain eligible for the tax benefits afforded by the HSA associated with the HDHP while also accessing benefits under the transplant policy.

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I certify that rates are not impacted by this filing.

If you have any questions or concerns regarding this submission, please feel free to call me at the number shown below.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne Kelly Berg". The signature is fluid and cursive, with a large loop at the end.

Anne Kelly Berg
Sr. Compliance Consultant/National Product Team
Regulatory and Government Affairs
UnitedHealthcare
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Phone: 952-992-4793
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